



Coliform Response Assessment Form

The use and submittal of this form is recommended following exceedance of the maximum contaminant level for total coliform or fecal coliform (*E. coli*)

Drinking Water and Groundwater Protection Division

System Information

System Name:	WSID #:	Class of System:	1A 1B 2 3 4 4A1 4A 4B 4C D (circle one)
Date of Assessment:	Type of Water System (circle one):	TNC / Community / NTNC	

Instructions

The Division recommends that this form be completed and submitted within 30 days of learning of an MCL exceedance for total coliform or fecal coliform (*E. coli*). Review sections 1 through 6 below. Answer every question that applies to the water system by circling "Y" for yes and "N" for no. If a specific question is not applicable to the water system, circle "NA" for that question. If an entire section is not applicable to the water system (such as if the system does not have treatment or storage facilities), circle "NA" in the gray section heading bar. Please then fill out sections 7 through 9 completely. Return the signed and dated form to the Division along with any feedback you may have on the form itself.

Section 1: Changes or Events

NA

- | | |
|--|--|
| a) NA Y / N lower disinfectant residual than expected | g) NA Y / N water quality parameters out of range |
| b) NA Y / N changes, different/abnormal operational activity | h) NA Y / N new source added, emergency supply used |
| c) NA Y / N firefighting event/hydrant flushing | i) NA Y / N flooding: source(s) or distribution system |
| d) NA Y / N signs of vandalism/forced entry | j) NA Y / N visible indicators of unsanitary conditions |
| e) NA Y / N rapid snowmelt | k) NA Y / N low (< 20 psi) or loss of distribution system pressure |
| f) NA Y / N heavy rainfall | l) NA Y / N other _____ |

Section 2: Sampling Site(s)/Protocol

- | | |
|---|--|
| a) NA Y / N unclean or unsuitable sample tap | f) NA Y / N inadequate tap flushing |
| b) NA Y / N hot water intrusion | g) NA Y / N auto sensing faucet/swivel-type faucet |
| c) NA Y / N change in conditions at sample site | h) NA Y / N improper hold time/storage temperature |
| d) NA Y / N improper sample container | i) NA Y / N sampler error |
| e) NA Y / N aerator was not removed | j) NA Y / N other _____ |

Section 3: Source(s)

Drilled/Bedrock Wells

- | | |
|--|--|
| a) NA Y / N potential source of contamination | f) NA Y / N damaged or compromised well casing |
| b) NA Y / N defective/damaged/loose well cap/well seal | g) NA Y / N damaged or unscreened vent |
| c) NA Y / N well/pump failure (quantity concerns) | h) NA Y / N unprotected opening in pump assembly |
| d) NA Y / N damaged pitless adaptor | i) NA Y / N source overflow construction |
| e) NA Y / N damaged electrical conduit | j) NA Y / N other _____ |

Springs or Dug Wells

- | |
|--|
| a) NA Y / N potential source of contamination |
| b) NA Y / N infiltration of surface run-off |
| c) NA Y / N condition of spring box or well construction |
| d) NA Y / N source overflow construction |
| e) NA Y / N other _____ |

Surface Water

- | |
|---|
| a) NA Y / N potential source of contamination |
| b) NA Y / N recent storm event |
| c) NA Y / N Infiltration |
| d) NA Y / N atypical source water quality |
| e) NA Y / N other _____ |

Consecutive Connections

- | | |
|--|--|
| a) NA Y / N flooded valve/meter vault | d) NA Y / N atypical pressure/flow from wholesaler |
| b) NA Y / N damaged interconnection | e) NA Y / N lower incoming disinfectant residual than expected |
| c) NA Y / N inadequate backflow protection | f) NA Y / N other _____ |

Section 4: Treatment Process(es)

NA

- | | |
|---|--|
| a) NA Y / N change in flow rates | e) NA Y / N interruption in treatment or power loss |
| b) NA Y / N inadequate disinfection or treatment | f) NA Y / N recent installation or repair of treatment equipment |
| c) NA Y / N turbidity measurements out of range | g) NA Y / N treatment added or changed |
| d) NA Y / N operation and maintenance procedures not followed | h) NA Y / N malfunctioning treatment equipment |
| | i) NA Y / N other _____ |

Section 5: Storage Tank(s) NA

a) NA	Y / N	improper maintenance practices	f) NA	Y / N	torn vent/overflow screens
b) NA	Y / N	presence of dead animals or insects	g) NA	Y / N	lower disinfectant residual than expected
c) NA	Y / N	cover/access hatch not sealed	h) NA	Y / N	signs of vandalism or forced entry
d) NA	Y / N	incorrect operation of level control valves	i) NA	Y / N	deterioration, rust, holes, or other breaches
e) NA	Y / N	vent/overflow construction inadequate	j) NA	Y / N	other _____

Section 6: Distribution NA

a) NA	Y / N	power loss (pump station)	j) NA	Y / N	operation of valves resulting in equipment breakage
b) NA	Y / N	standing water/debris in valve vault	k) NA	Y / N	operation of air-relief/vacuum valves
c) NA	Y / N	low disinfection residual	l) NA	Y / N	improper operation of pumps
d) NA	Y / N	pump or valve failure	m) NA	Y / N	illegal or unauthorized use of hydrants
e) NA	Y / N	improper surge control	n) NA	Y / N	Inadequate distribution system pressure
f) NA	Y / N	main breaks or leaks	o) NA	Y / N	backflow/cross-connection event
g) NA	Y / N	unprotected cross connection	p) NA	Y / N	plumbing/piping modifications/improvements
h) NA	Y / N	improper operation of valves	q) NA	Y / N	other _____
i) NA	Y / N	waterlogged pressure/bladder tanks			

Section 7: Written Description of Sanitary Defect(s) that were Circled Above

This space must be filled out. Use this space to expand upon and provide additional information that supports the findings identified in Sections 1 through 6 above.

Explain those defects that are circled above. If no sanitary defects were identified, you must state so below.

REQUIRED

Section 8: Corrective Action(s) and Proposed Timetable

Use the space below to describe the corrective action(s) taken and the date(s) completed. If the water system requires additional time to complete the corrective action(s), provide the proposed improvement timetable below.

Water system management and/or owners must be made aware of the proposed timetable of improvement(s).

Section 9: Certification

Print Name Title

Signature Date

☐ Certified Water System Operator
 ☐ State of Vermont Sanitary Surveyor
 (circle one) Class 1A 1B 2 3 4A1 4A 4B 4C D

I certify that I am the person authorized to fill out this form and that the information contained herein is true, accurate, and complete to the best of my knowledge and ability at the time the assessment was performed.

RETURN TO

TCR Rule Coordinator
 Drinking Water and Groundwater Protection Division
 One National Life Drive - Main 2
 Montpelier, VT 05620-3521
 Fax: 802-828-1541

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